## PLAN OF CARE/INDIVIDUALIZED HEALTHCARE PLAN

Student Name: DOB: Grade/School: Date of IHP:

Medical Diagnosis: IHP created by: Initials:

**Student Problem** (Nursing Diagnosis):

**Student-Centered Goal** (Long-term, SMART format):

OUTCOMES	INTERVENTIONS		<b>EVALUATION</b> (Date, Progress & initials)
(SMART format)	Intervention	Person Responsible	

Name: Initials: Name: Initials:

6/19 Adapted from Principles for Practice, National Association of School Nurses 2017

## **Student Name:**

**Student Problem** (Nursing Diagnosis):

**Student-centered Goal** (Long-term, SMART format):

<b>OUT</b> C <b>OMES</b> (SMART format)	DUTCOMES	INTERVENTIONS			<b>EVALUATION</b> (Date, Progress & initials)
	Interve	ention	Person Responsible		
ne:	Initials:	Name:	Initials:		